

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

*St. Vincent Hospital
2800 Main St
Bridgeport, CT 06606*

M:

FLIS Staff

Licensure Category:

*Acute Care
Hospital*

Licensed Bed
Bassinet Capacity: *473*

Census: *211*

Date(s) of onsite inspection: *1/24/19*

Date(s) additional information obtained: _____

Personnel contacted: _____

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- Licensing Inspection Initial Renewal Other (e.g. strikes): _____
- Visit OR Revisit for the purpose of *Reviewing the plan of correction
for violation letter
dated 12/24/18*
- See Complaint Investigation # _____
- Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated _____
- Desk Audit _____ Amended Letter: _____ Original Ltr. _____
- Citation # _____ was issued to this facility as a result of this inspection.
- Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies were not identified at the time of this inspection.
- Citation # _____ was/was not verified as corrected. See attached narrative report.
- Narrative report/additional information attached.
- See Certification File.
- Referral(s) to _____

REPORT SUBMITTED BY: *Wendi Cummel* DATE OF REPORT: *1/24/19*

Approval for issuance of license granted by: _____ DATE: _____
Supervisor/Title